

| Individual Income Tax Declaration for Electronic Filing Louisiana Department of Revenue Louisiana | IRS DCN | Please print your numerals like this. | 012345 | - 3 |
|---|--|---|---------------------------|------------------------|
| Your first name and initial (If joint return, also give spou | se's name and initial.) Last name | Your Social Security Number | | Ц |
| Spouse's first name and initial. | Last name | Spouse's 2 Social Security Number | | \square_{2002} |
| Present home address (number and street including ap | artment number or rural route) | Daytime Telephone Number | | ☐ 2002 |
| City, town, or post office | State ZIP | | | |
| Balance , , , , , , , , , , , , , , , , , , , | Tax Return li | Refund due | ҆ | _ 00 |
| art B | Direct Deposit of Refund (| Optional) or Direct Debit | | |
| Routing Number The first 2 digits of the umber must be 01 through 12 or 21 thro | • | Type of Account: (Check one.) | Checking | rings |
| | | | | |
| PART C I consent that my refund be directly like the consent that is less than the consent that my refund be directly like the consent that my refund be | | Part B, and declare that | | |
| I do not want direct deposit of my | refund or am not receiving a | refund. | | |
| I authorize the Louisiana Departr (direct debit) entry to the financial i the financial institutions involved i inquiries and resolve issues relate | nstitution account indicated in P n processing the electronic pay | art B for payment of my Sta | ate taxes owed on this re | turn. I also authorize |
| I understand that if I have filed a my tax liability, I will remain liable | | | | timely payment of |
| I declare that I have examined m the best of my knowledge and be | | ared for electronic transi | mission to the State of | Louisiana and, to |
| Please sign hereYour sign | nature Date | Spouse's signa | uture (if joint return) | Date |
| eart D Declaration | and Signature of Electronic Re | eturn Originator (ERO) an | d Paid Preparer | |

P

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge, based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Department of Revenue and in the Louisiana Handbook of Electronic Filers.

| Please sign here. | | | | (|) | |
|-----------------------|--|-------------------------------------|------|---|-----------|--|
| sign nere. | Preparer's signature | Social Security Number or ID Number | Date | | Telephone | |
| Mark box if also ERO. | | | | (|) | |
| | Electronic Return Originator's signature | Social Security Number or ID Number | Date | | Telephone | |